

Statement for Exempt Individuals and Individuals With a Medical Condition

Department of the Treasury Internal Revenue Service

For the year January 1—December 31, 2015 or other tax year beginning , 2015 and ending , 20 .

Attachment Sequence No. 102

Your first name and initial Your Name

Last name

Your U.S. taxpayer identification number, if any

Fill in your addresses only if you are filing this form by itself and not with your tax return

Address in country of residence Home Country Address

Address in the United States U.S. Address

Part I General Information

- 1a Type of U.S. visa... 1b Current nonimmigrant status... 2 Of what country were you a citizen... 3a What country issued you a passport... 3b Enter your passport number... 4a Enter the actual number of days you were present... 4b Enter the number of days in 2015 you claim you can exclude for purposes

4b - Answer should be the same as question 4a for 2014.

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2009... 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2009... 7 Enter the type of U.S. visa (J or Q) you held during... 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2003 through 2008)?

Skip Part 2

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2014... 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2013... 11 Enter the type of U.S. visa (F, J, M, or Q) you held during... Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? During 2014, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States?

Answer questions 11-14

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2009 and the dates of competition ▶

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶

Note. You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States ▶

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶

c Enter the date you actually left the United States ▶

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign and date here only if you are filing this form by itself

Your signature

Date

Skip Part 4

Skip Part 5